



Massachusetts Department of Environmental Protection

Supplemental Transmittal Form

(to accompany supplemental material or payment to previously submitted DEP permit applications)

1. Transmittal Number	Obtain from the upper right hand corner of the original application's Transmittal Form:

2. Facility Information	(a) Facility Name:	(b) Facility Address:
	(c) Facility Town/City	(d) Telephone Number:

3. Permit Information	(a) Permit Name:	(b) Permit Code: (from original application)

4. Reason For Supplemental Submission	<input type="checkbox"/> (a) Response to Request for Additional information	<input type="checkbox"/> (b) Response to Statement of Deficiency
	<input type="checkbox"/> (c) Supplemental Fee Payment	<input type="checkbox"/> (d) Withdrawal of Application
	<input type="checkbox"/> (e) Other (please specify below):	

5. Form Prepared by	(a) Name of individual or firm preparing this submission:	(b) Affiliation with application, i.e. applicant, consultant to applicant:
	(c) Contact Name:	(d) Contact Telephone #: